

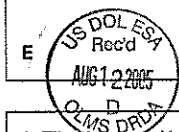
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5491</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James</u> <u>M</u> <u>Long</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>4881 Donald Rd</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89131</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers' Local Union 88</u> Labor Organization File Number <u>041-388</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>2560 Marco St</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89115</u>
5. Position in labor organization. <u>Business Manager (Retired)</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James M Long</u>	On <u>8-9-05</u> Date	<u>702-655-3105</u> Telephone Number

Name of Person Filing James Long	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name Sheet Metal Workers' Local 88 JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2540 Marco St. City Las Vegas State Nevada ZIP Code + 4 89115	<b>9. Business deals with:</b> <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	<b>11.a. Nature of such dealing.</b> Apprenticeship trust funded by employer contributions provides benefits to members. <b>11.b. Approximate dollar value of such dealing.</b> \$0 <b>12.a. Nature of interest held or income received.</b> My wife worked as an employee of the JATC, earning \$42,285 in 2004. <b>12.b. Amount.</b> \$42,285

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name Mesirow Financial Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 350 N Clark St. City Chicago State Illinois ZIP Code + 4 60610	<b>14.a. Nature of payment.</b> My wife and I attended a dinner boat event sponsored by this entity which, to my knowledge, does no business for the International Union. The total value was \$431.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> \$431

Name of Person Filing James Long

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name SMW Trust Funds of So. Cal., AZ and NV

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 111 N. Sepulveda Blvd.

City Manhattan Beach

State California ZIP Code + 4 90267

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Trust funds provide benefits to union members in Southern California, Arizona and Nevada. As a trustee I was required to attend out-of-town board meetings.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

I attended five out-of-state meetings in 2004. The funds reimbursed me or otherwise provided for my food and lodging for these events at a total cost of \$2126.26.

## 12.b. Amount.

\$2,126

Name of Person Filing <b>James Long</b>	File Number U-
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**Part C Continuation Page**

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <input style="width: 90%;" type="text" value="Daley &amp; George Ltd."/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text" value="Suite 400"/>  Street <input style="width: 90%;" type="text" value="20 S Clark St"/>  City <input style="width: 90%;" type="text" value="Chicago"/>  State <input style="width: 20%;" type="text" value="Illinois"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="60603"/>	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; padding: 5px; min-height: 150px;">           Chicago law firm sponsored a dinner/cruise in Chicago that my wife and I attended. To my knowledge this firm does no business for the International Union. I am told the total value was \$354.         </div>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$354</span>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <input style="width: 90%;" type="text"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; height: 150px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <input style="width: 90%;" type="text"/>  Trade Name, if any: <input style="width: 90%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; height: 150px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span>

Name of Person Filing James Long

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Richard Wondra

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 111 N Sepulveda Blvd

City Manhattan Beach

State California ZIP Code + 4 90267

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMW Trust Funds of So. Cal, AZ and NV

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 111 N. Sepulveda Blvd.

City Manhattan Beach

State California ZIP Code + 4 90267

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Mr. Wondra serves as administrator of the fund. I am now retired and no longer a trustee and thus do not know what is his current rate of compensation from the fund. Accordingly, I have marked \$0 as a default number.

11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Mr. Wondra bought me dinner on two occasions in 2004, at a total cost of \$99.44

12.b. Amount.

\$99



James M. Long  
4881 Donald Rd.  
Las Vegas, NV 89131

August 9, 2005

U.S. Department of Labor  
ESA -- OLMS  
200 Constitution Ave. NW  
Room N-5616  
Washington, DC 20210

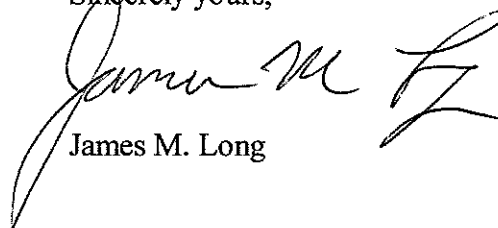
**Re: LM-30 Report**

Dear DOL Representative:

Please find enclosed my LM-30 report for 2004.

This report is based on my best recollection of events occurring in 2004.

Sincerely yours,



James M. Long